

10730890

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10730890	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51				
2			/				52				
3			/				53				
4			/				54				
5			/				55				
6			/				56				
7			/				57				
8			/				58				
9			/				59				
10			/				60				
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15			/				65				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS			15				TOTAL CLAIMS				